



Park Name _____

- Summer
- Winter
- Other _____
- Spring
- Learn to Swim

Participant's Last Name		First Name		Initial
Street Address		City	State	Zip Code
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	D.O.B	Phone	Alternate Phone
Name of School Your Child Attends	Grade Level	T-Shirt Size: <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	E-mail	

Has your child attended this camp before? Yes No When? _____

How did you hear about our Camp Program? _____

Does your child have any medical condition(s) we should be aware of? Yes No

Any additional information (i.e. medications, allergies, dietary needs):

Emergency Contacts/Authorization to pickup

Last Name (Parent or Guardian)	First Name	DL Number	<input type="checkbox"/> Parent or Legal Guardian <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick-up
Phone Number	Work Phone	Alternate Phone	
Last Name (Parent or Guardian)	First Name	DL Number	<input type="checkbox"/> Parent or Legal Guardian <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick-up
Phone Number	Work Phone	Alternate Phone	
Last Name (Parent or Guardian)	First Name	DL Number	<input type="checkbox"/> Parent or Legal Guardian <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick-up
Phone Number	Work Phone	Alternate Phone	

We will not permit your child to leave with anyone who is not included on this list. If you would like to add a name, you must submit a note in advance.

I do hereby release the County from all liability for any accident or injury that might be sustained through this participant's participation in this activity. I understand that Miami-Dade is not responsible for money, personal items, etc., lost during the program and will discourage participants from bringing such items. I have read and reviewed the rules on the backside of this participant's form.

Date:	Parent or Legal Guardian signature:
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* There is a fee of \$10.00/day for Late Pick-up after 5:00pm.

To request materials in accessible format, sign language interpreters, and/or any accommodation to participate in any Miami-Dade Parks-sponsored program or meeting, contact Lucy Binhack, 305-755-7848, binhack@miamidade.gov at least seven days in advance to initiate your request. TTY users may also call 711 (Florida Relay Service).

Important Information for Parents and Campers

Payments

- **Payments** are to be made at the Visitors' Center ticket office, open daily from 10:00 am – 4:00 pm. On the first Monday of every session the ticket office will open at 7:30 am for last-minute registration. Space is limited so last minute registrations are not guaranteed.
- **Drop-off and pick-up** will be at the Main Gate. Regular drop off is 7:30-9:00 am, regular pick-up is 4:00-5:00pm. Late pick-up is available until 6:00pm for an additional charge of \$10.00 per day.
- **If your child is picked up after 6:00pm** you will be charged \$10.00 for every 15 minutes.
- **Please do not drop off** your child unless you see a member of the camp staff at the ticket office. Security guards and ticket staff are not responsible for your child.

What to expect

- **Lunch** is not provided. Campers should bring a lunch that does not need special preparation, packed in an insulated bag.
- **Campers are required to wear** closed toe shoes every day of the camp. **No crocs or sandals** are allowed during camp days for safety reasons.
- **Campers are expected to bring** a refillable water bottle, lunch, sunscreen, bug spray, hat and/or sunglasses for every camp day. A change of clothes is recommended, but may be a good idea.
- **Discipline** is important during camp. Rules will be discussed the first day of camp. If your child does not follow the rules and continues to be a discipline problem after verbal warning, a behavior management process will be followed requiring parents to participate in a meeting with camp staff. If behavioral problems persist, your child may be removed from our camp permanently. Refunds will not be given in a behavioral dismissal.
- **We do not dispense medication** to campers. Campers are responsible for medication. Parents will be required to notify camp staff about any medication procedure child needs to follow.
- **The names listed on the registration form** are the **only** people we will allow to pick up your child. We will require a photo ID and a signature as part of the daily pick-up process.

Field Trips

- **If we leave the property** a permission slip will be sent home prior to the outing.
- **Additional fees** are charged for weekly field trips.

Water Related Activities

- **In order to participate in aquatic programs** campers must take and pass a swimming test.
- **No children under 9 years of age will be allowed to canoe or snorkel.**

❖ Please list anything below that we should know about our new camper that will require special attention from our camp staff.

I do hereby release the County from all liability for any accident or injury that might be sustained through this registrant's participation in this activity. I understand that Miami-Dade is not responsible for money, personal items, etc. lost during the program and will discourage my child from bringing such items. I have read both pages of the registration form for the Deering Estate at Cutler Kids' Camp and agree to abide by all camp policies. I have also filled out this form completely and accurately

Signature: _____ Date: _____ **Mother** **Father** **Guardian**

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Miami-Dade County Park and Recreation Department
Registration and Release of Liability

PLEASE READ BEFORE SIGNING

Between Miami-Dade County Park and Recreation Department and LESSEE/PARTICIPANT:

Name of Participant
Address:
City: State: Zip Code:
Phone#:() Ext: Number in Party
E-mail:
Driver's License# Expires:

Medical Information:

Please describe any existing medical condition(s):

Two blank lines for medical information.

Please list any medication(s) being taken

Two blank lines for medication information.

Please list any known allergies:

Two blank lines for allergy information.

Emergency Contact:

Name: Relationship:
Phone numbers:

Release of Liability

In consideration of being permitted to participate in any way Miami-Dade County Park and Recreation Department's canoe, kayak, or bicycle guided tours, and related activities I, _____, the participant, acknowledge, appreciate and agree that:

- 1. The risk of injury from the activities involved in this program/rental is significant, including the potential for permanent paralysis and death...
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM MY OWN NEGLIGENCE, OR THE NEGLIGENCE OF OTHERS, INCLUDING MIAMI-DADE COUNTY...
3. I willingly agree to comply with the stated rules and regulations for my participation...
4. I WILL NOTIFY THE TOUR GUIDE (COUNT EMPLOYEE), OF ANY ACCIDENTS OR PHYSICAL BODILY INJURY WHERE A PERSON IS HURT AND NEEDS MEDICAL ATTENTION

5. I, for myself and on behalf of my heir, assigns, personal representatives and next of kin; HEREBY RELEASE AND HOLD HARMLESS MIAMI-DADE COUNTY AND THE PARK & RECREATION DEPARTMENT, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners, and lesser of the premises ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY ARISING OUT OF OR IN ANY WAY CONNECTED TO MY PARTICIPATION IN TOURS, OR USE OF CANOES, KAYAKS, SNORKELING GEAR, AND/OR BIKES, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I FURTHER AND SPECIFICALLY AGREE TO WAIVE ALL RIGHT OF CLAIMS FOR DAMAGES, LOSS, INJURY, OR DEATH, LEAGAL, OR EQUITABLE, ARISING OUT OF ANY INTENTIONAL OR NEGLIGENT ACTS OF OMISSION BY ME, ANY OTHER PARTICIPANT OR PATRON OF THE TOUR, OR ANY OFFICER, EMPLOYEE, OR AGENT OF MIAMI-DADE COUNTY ARISING OUT OF OR IN NAY WAY CONNECTED TO MY PARTICIPATION IN THE TOUR/OR RELATED ACTIVITY.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK MANAGEMENT, FULLY UNDERTSAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTATIAL RIGHTS BY SIGNING THIS FORM AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ AGE _____ DATE SIGNED _____
PARTICIPANT

X _____
PARENT OR LEGAL GUARDIAN IF PARTICIPANT IF UNDER 18 YEARS OF AGE

DATE SIGNED _____

**FOR PARTICIPANTS OF MINORITY AGE
(UNDER 18 AT TIME OF REGISTRATION)**

This to certify that I, as parent/guardian with legal responsibility for this Participant, have read and fully understand that the attached waiver and release of liability, and do consent and agree on behalf of the named participant and his or her heirs assigns, next of kin, and myself, to release the Releasees from any and all liabilities incident to my minor child's involvement or participation in the canoe, kayak, snorkeling, or bike tour, as more fully and explicitly provided in the attached waiver and release form- EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, TO THE FULLEST EXTENT PERMITTED BY THE LAW.

I further warrant and represent that I am the parent or legal guardian of the Participant. In the event that I am the only parent or guardian signing this form for and on behalf of the Participant, I warrant and represent that I have the full legal authority to do so without the approval or any other parent or legal guardian of the Participant.

X _____

Parent/Guardian's Signature Emergency Phone # _____ Date Signed _____

